

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA [] [] [] [] CODE NO.

Pick up Address: 5151 ALCOA AVE KERNON
(NUMBER) (STREET) (CITY)

Telephone Number: (213) 508-6141 P.O. or Contract No. LA397333

Order Placed By: J HERON Date: 6-7-80

Type of Process which Produced Wastes: ALUMINUM FABRICATOR [] [] [] [] CODE NO.
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) ALUMINUM OXIDES & WATER [] [] [] [] CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7-9 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: PTY ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: [] [] [] [] ☒ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Thomas O Fore
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 6-6-80 time 11am (DATE) (TIME)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No. 10

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Raymond
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Superintendent [] [] [] [] CODE NO.

Site Address: Monte Park

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): [] [] [] [] CODE NO.
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify): [] [] [] [] CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-7-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

James
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300

O.O.T. Proper Shipping Name _____